



GET
GUARANTEED EDUCATION TUITIONSM
Buy tomorrow's college tuition today.

Correspondence

P.O. Box 43450
Olympia, WA 98504-3450
1-877-438-8848
fax (360) 704-6200
www.get.wa.gov

Applications & Payments

Guaranteed Education Tuition
P.O. Box 84824
Seattle, WA 98124-6124

AUTOMATIC MONTHLY WITHDRAWAL (ACH) AUTHORIZATION

GET Account Number _____ Plan Type ☐ Lump Sum ☐ Custom Monthly
Purchaser _____ Purchaser SSN _____
Student _____ Student SSN _____

Financial Institution Account Holder Information

Name _____ Street Address / Apartment # _____
Social Security Number _____ Post Office Box Number _____
E-mail Address _____ City _____
Telephone Number(s) _____ State / Zip Code _____

Automatic Monthly Withdrawal Agreement

I hereby authorize the Guaranteed Education Tuition Program (GET) to initiate entries to my financial institution account indicated below and the financial institution indicated below to debit this same account. This authority remains in full force and effect until the GET office receives my written notification of its termination in such time and manner as to afford GET and the financial institution a reasonable opportunity to act on it. Revocation by notice to the financial institution is not sufficient. Also, GET may cancel my ACH and notify me in writing of such cancellation. I understand that withdrawals occur automatically on the 15th of each month, or on the next business day if the 15th falls on a weekend or holiday. In the event of unsuccessful debits, I understand that GET reserves the right to assess to my GET account a returned ACH fee of \$15.00 per returned ACH withdrawal. I understand that it may take 30 to 60 days from the GET office's receipt of my signed authorization to set up and activate my ACH and to notify me in writing of the first expected ACH withdrawal date.

Financial Institution Account Type ☐ Checking ☐ Savings Withdrawal Amount \$ _____ per month

REQUIRED SIGNATURE

Financial Account Holder's Signature _____ Date _____

Please TAPE a *checking* account voided check or a *savings* account deposit slip HERE.

(Please do NOT staple)

(If you do not provide a checking account voided check, or a savings account deposit slip, please provide the following information:)

Financial Institution Name _____ Telephone Number _____
City _____ State / Zip Code _____
Transit Routing Number _____ Account Number _____

Committee Members

James E. Sulton, Jr., Ph.D.
Executive Director, Higher Education Coordinating Board

Elizabeth Stecher Berendt
Citizen Member

Michael J. Murphy
State Treasurer



The GET Program is administered by the Higher Education Coordinating Board

Marty Brown
Director, Office of Financial Management

Mooi Lien Wong
Citizen Member